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No. 2



NEWS



St. Michael's Hospital School of Nursing Alumnae ARCHIVES
TORONTO, CANADA

ST. MICHAEL'S HOSPITAL

TORONTO



MAY MADONNA

THE NEWS

Published quarterly by the Alumnae Association of the
St. Michael's Hospital School of Nursing, Toronto, Ontario

ALUMNAE NEWS EXECUTIVE

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COMING EVENTS

Silver Tea—To be held in Assembly Hall. Date: April 30th. Time: 3-6 p.m. Home-cooking sale; raffle. Miss Margaret Simpson Ray, Convener.

R.N.A.O. Convention—Royal York Hotel, April 28, 29 and 30.

Annual Memorial Devotion—St. Michael's Cathedral, May 1st, at 7:30 p.m.

"Does Nursing Education Need Independent Schools of Nursing to Achieve its True Objectives?"

Paper read at the Nursing Administration Section of the Ontario Hospital Association Convention, Royal York Hotel, Toronto, October 26th, 1954

Before this important question can be adequately answered, we must, I think, try to achieve a clear understanding of the meaning of an "Independent School".

Does it mean a School of Nursing Education entirely divorced from the hospital unit? If so, it could not possibly, in my opinion, achieve its true aim, for is not the principal objective still, as it always has been, "the Efficient Care of the Patient"?

To put it simply, our ideal school—and it is not an impossible or an impractical ideal—is one where in a young woman receives an education which will enrich her spiritual and cultural background and **at the same time** make her proficient in the skills required to care for the whole human being—body and soul.

Let me repeat "at the same time". If we require our student nurses to learn the theory of nursing in a school and then apply it as clinical experience in a hospital which to all appearance is a separate entity, shall we ever succeed in bringing home to our students the fact that a hospital is something more than a laboratory, where certain jobs must be done at stated times? I think it would be very difficult.

An Independent School must of necessity be run on the school pattern. Classes commence and terminate at the sound of a bell. That is all very well when the subject is abstract knowledge, but can the care of the patients be thus regulated? The patient is a human being and, therefore, cannot be set aside as is the test tube in a science laboratory or the wall-map in a social studies' room.

One of the essential qualities of a competent nurse

is a "sense of responsibility". Does anyone really believe that it can be acquired in an Independent School? It does not come automatically, no more than does initiative. To develop these, we must provide the opportunity and incentive for their practice.

Another question arises—if we establish Independent Schools, what will become of the nursing schools connected with our smaller hospitals? Would they lose their identity? And if they did, could the nursing profession afford such a loss?

It is true that, in our present type of Nursing School, ideal conditions have not always prevailed. Therefore, the great expenditure of study and effort to bring our schools into line with the best traditions in the educational field has been most timely. We appreciate it and realize that, as administrators, we owe you, our nursing educators, a great debt of gratitude. As to the **standard** of the majority of our Nursing Schools, I am convinced that at the present time it is second to none.

During the past eight years revolutionary changes have taken place in all walks of life, and perhaps the impact on the hospital field has had the most reverberations. Witness the additions to building space, the extension of facilities, renewal of equipment, advance in procedures, introduction of the miracle drugs. Truly their name is legion! And all changes mean readjustment, which our hospitals and schools are at present experiencing. Let us advance—yes, our institutions must be of the very best—but let us be cautious, lest in too enthusiastic acceptance of the new, we lose sight of those fine old traditions which have enabled us to produce Canadian nurses who were leaders in the efficient care of the sick.

A School of Nursing Education should possess two principal features:

1. The school itself should have complete control of the educational program. In collaboration with the hospital it should draw up and follow a definite plan of contributed services.
2. In order not to be hampered by a lack of funds—which might prove disastrous—the school should draw up its own budget of expense and the hospital authorities should do all in their power to devise means of keeping the school on a sound financial basis.

As far as I know, the majority of Nursing Schools at the present time cannot be accused of exploiting their student nurses. The best proof of this, I believe, is the fact that today a Nursing School is a great financial liability. In 1953, the cost of educating a student nurse was \$4.99 per day. In the same year, the value of the contributed service of the same student amounted to \$2.04 per day. In a school of three hundred students or more, the present situation means sacrifice. On the other hand, we must not make this sacrifice an excuse for demanding more from the student nurse; on the contrary, I think that supervisors or heads of departments can, by their wise planning, eliminate much unnecessary work.

And now let me strike a happier note. I do not think the financial conditions of the future will remain as grim as they appear today. As you know, the Massey Report has been adopted by the government and, as a result, the universities are receiving a set amount per student per year. The tenor of the

statute is not that the money can be applied only to students in actual attendance at the university, and at the present time different hospital organizations are uniting in a concerted effort to have Nursing Schools share from various sources. I may be wrong, but I do think that Hospital Schools of accepted standards have a better chance of sharing in endowments than entirely independent schools.

In conclusion, may I present this conception of the hospital in action? Each patient is the centre of a unit, around which revolves a very important team. This team is made up of a Medical Staff, a Nursing Staff and several auxiliary staffs. No one section can function competently without the others. The team is not dealing with a mechanical object but with a body and soul on which each member inevitably leaves his imprint. Therefore, it should be the first concern of everyone in the hospital field to keep the unit closely knit and functioning as smoothly as possible. In what other field could there exist so compelling an incentive for conscientious co-operation.

This seems to me the ideal way to implement our primary objective, "the Efficient Care of the Patient". But where else could its very core, the team-unit, be realized and studied in operation than in a hospital? Not in an Independent School of Nursing, I contend; not in any school that does not form an integral part of the hospital unit.

Sister Maura, C.S.J.,
Superintendent,
St. Michael's Hospital.

IN THE GOOD OLD DAYS

The Canadian Nurse, March, 1915.

The Sisters of St. Michael's Hospital, Toronto, are still busy with their grey knitting. Since the beginning of the war every minute has been spent making comforts for the soldiers.

(The above is from "The Good Old Days" column of a recent issue of The Canadian Nurse.)



STATIONS ERECTED

The Alumnae meeting on March 8th was of particular interest.

The Stations of the Cross, donated by the Alumnae in memory of their deceased members, were canonically erected by Bishop Allen, assisted by Father Brennan, the hospital chaplain, and followed by Benediction of the Most Blessed Sacrament. Music was by the nurses' choir.

The beautiful stations are hand carved wood from the little village of Ortize, the province of Bolzano

in the Italian Alps, where the villagers have done wood carving of religious articles for over a hundred years.

Alumnae members are invited to visit the Residence Chapel and make the Way of the Cross for their fellow members.



CAMPAIGN NEWS

Alumnae members will have followed with interest and satisfaction the reports in the daily press of the success of the Hospital Campaign.

Sister Superior and the members of the Campaign Committee are most grateful to the nurses for their co-operation and generosity.

A detailed report will appear in a later edition of "The News". In the meantime, Grace Murphy and the members of her committee wish to express thanks to all who helped make the nurses' contribution worthwhile.

SCHOOL-HOSPITAL RELATIONSHIPS

Paper read at the Nursing Administration Section of the Ontario Hospital Association Convention, Royal York Hotel, Toronto, October 26th, 1954

Nursing is a profession which exists to give service. Its growth has continued side by side with the development and improvement of social conditions.

Previous to the nineteenth century, nursing was of a very inferior type unless given by members of the religious orders whose consecration to service inspired idealism. Until early in the present century schools of nursing were part of the hospital organization. From the point of view of the hospital, trained nurses became a necessity and could only be secured by training them under the apprenticeship method. Financially, the institution was well repaid, since the nurse, during her training, furnished nursing at low cost.

With the organization of schools of nursing a different type of woman took up the work; education was added to idealism. Hence, the teaching of theory became a part of the training of the nurse.

It is from the founding of the Florence Nightingale plan for a school in 1860 that we date the modern period of nursing. She had at her disposal about £60,000 with which to establish a school of nursing aside from the need to supply nursing for the hospital. The criterion of an independent school was not, however, part of the development of nursing schools in our country at that time. Hospitals accepting students expected them to do most of the work. The rapid increase in numbers indicates that nursing schools quickly became an asset to the hospitals.

The new system was so useful and popular that practically every hospital wanted a school of its own and the multiplication of both hospitals and schools went ahead at an amazing rate. Every group that decided to set up a hospital claimed the right to have a nursing school and to run it pretty much according to its own ideas. Though laws were passed to eliminate the worst abuses, it was still true that the widest possible variations existed in admission standards, in programs of instruction, and also in the product of these schools.

It was evident that something more than legislation was needed to bring nursing schools in line with other recognized systems of professional education. The nursing profession decided to take stock of itself. Studies and surveys were made in the United States, in Canada and in England. Comprehensive reports followed. . . . In Canada, the Weir Report, in

1931, revealed our short-comings and recommended specific improvements. The improvement of nursing education was agreed to be an essential for improving nursing services. Any institutions, therefore, accepting responsibility for maintaining a school of nursing should provide an effective educational program.

One immediate result of this evolution was that the preparation of the nurse, instead of being an asset to the hospital, in many instances became a liability, and many administrators felt unjustified in diverting funds made available for the care of the sick to the purpose of nursing education. Will the hospital continue to be responsible for this financial burden?

Much research is being carried out to try and solve these present-day problems. Throughout Canada, experimental schools of nursing have been and still are being conducted and sponsored by funds received from the Government, from the various Foundations and voluntary organizations. These projects consist of independent schools, centralized teaching programs, central schools of nursing, accelerated programs with an internship period, and schools under university control. Without a doubt, the patterns suggested are opening new vistas to the future of nursing. They are, however, expensive and will require some type of outside financial assistance. Many seem to think that nursing education should be the responsibility of the educational field and that nursing education will be supported on the same basis as education for any other professional group, in independent schools which can plan and control the complete experience of the student. Other suggestions are: student fees, the evaluation of student services, endowments, or some form of government subsidy.

I am sure we all agree that modern nursing education is costly. The financial problem, however, will have to be solved because the supply of nurses in Canada has been lagging behind the demand. In the past four years, through federal-provincial health grants, our hospital bed capacity has increased by more than 30 per cent, while the supply of both graduate and student nurses has increased by only 18 per cent. It is estimated that Canada needs between 8,000 and 9,000 more nurses right away. According to the Canadian Nurses Association, Canada, with 43,380 practicing nurses and a population

of 14,400,000 has about one nurse for every 355 persons.

A few years ago, a prominent physician said: "Education means to the medical profession exactly what reproduction means to plant life and animal life. It guarantees the survival of the species. To keep up the quota of trained physicians to care for our population," he continued, "we must turn out each year a sufficient number of well-qualified, highly-trained men and women." What has just been said of the medical profession is certainly applicable to the nursing profession. It is then a duty to continue to prepare professional nurses.

The educational function, the second objective of the hospital, is not only a generalized one but it is definite and specific. All the professions engaged in health care, directly or indirectly, cannot but use the hospital as the laboratory in which to test educational procedures, to give them a concrete and realistic meaning, and to afford the students of many diverse kinds, including nurses, the experience which alone can prepare them adequately for their various responsibilities in extending health care. The two functions—the care of patients and the training of persons for their profession—do not interfere with each other; they make each other possible.

Whether nursing education continues to be controlled by hospitals, whether they be independent schools or under university control, there is still a need for intimate relations with the hospitals, since it is there that the most vital activity in teaching the students in nursing takes place.

Hospitals and schools are, therefore, closely allied. The relationship between the director of the school and the hospital superintendent, should be to mutually effect such organization as will bring into being the highest type of nursing service that the hospital should furnish, and at the same time satisfy the educational demands of the student if the best type of professional development for her is to be achieved.

There is needed therefore, through close co-operation of hospital and school, a coordination of classroom schedules with ward nursing schedules, which, while on the one hand in no way detract from the good care to which patients are at all times entitled, will, on the other hand, put the student into the best possible position to correlate theory and practice, and to integrate the science with the art of nursing in every specialty as she learns it.

Though science has changed the things done for the patient, it has not changed his basic need. He still requires some **one** person who will care **for** and **about** him—who will be concerned about his fears and worries and to **whom** he can talk and be understood and accepted. The NURSE is the one closest to the patient. She is the one who provides for his needs, both physical and emotional. The professional education she receives, the knowledge she

gains of interpersonal relationships, the satisfaction she gets from her work, will determine how well she can best meet those needs.

The Reverend John J. Flanagan, S.J., tells us that: "Connected with illness, there is still in the hearts of nurses a response to the need and, on the part of those who are ill, a response to kindness and to comforts which are offered. And still unchanged in the changing world is Christ's law of Charity. Christ's law of love that embraces all people of all races and all creeds, regardless of their physical condition. And equally unchanged is the human instinct to help others when we see them in need and the ability to rise to the occasion when appeal is made to our idealism.

"Ideals still inhabit the minds and hearts of the modern nurse. The modern patient still needs and wants personalized care. The modern nurse, to a certain extent, must sacrifice the satisfaction of being the one and only one to bring comfort to a limited number of people and she must make that sacrifice in order that her knowledge and her ideals may be channeled through many others to many more people. How is this to be done? First of all, the nurse is going to have to think about changing her attitude. She must learn to accept others. Today there are good nurses with high ideals who are intolerant to the assistant nurses.

"There are two conflicting philosophies that are affecting nursing education and nursing service today. The one is the philosophy of the hospital administrator who is sure nursing education and the accreditation movement is a subversive movement to cut off and dry up the number of nurses. His idea of solving the problem is to keep the schools we ever had and run them in the old way in order that we may obtain all the hands and feet that we need. On the other hand, the groups that are studying nursing service problems insist that the modern nurse must know something about management skills and techniques. This is equivalently demanding that the nurse be a better selected, a more intelligent and a better prepared person than ever before. Somehow these two philosophies must meet and work out their differences. Nursing education today must necessarily be shaped to meet the needs of nursing service. Nursing education must continue to teach the technical and humanitarian aspects of nursing as it has in the past. In addition, it must prepare as well as possible nurses who will not be afraid of the leadership which is fast becoming a part of professional nursing.

"The ideals of nursing are the same today as they were twenty years ago, and these ideals are: first, to give technically excellent care; second, to make a patient as comfortable as possible; and third, to guarantee proper spiritual care for those who are sick. These ideals must be implemented and carried out by others as well as by the nurse herself.

"To what extent do the ideals of nursing of a quarter of a century ago contribute to the better care

of the people who are entrusted to us when they are ill? That today is the challenge that is placed before modern educators and nursing service leaders. They must guarantee that the traditional ideals of nursing become more effective, that they reach more people, by using every possible technique to do the work that is so important in the eyes of Christ Himself.

No one knows what the future may hold. But living as we do in an era when scientific discovery is transforming the world, when "the elements are changing visibly before our eyes", we can hardly fail to see that nursing, so intimately bound up with the deepest necessities of human beings, must share the changes that affect them.

How far has modern nursing gone in realizing the hopes and plans of its leaders, and what are the prospects for continued progress? It seems evident that in considering future developments in the education of nurses, the values in the older system must be conserved while adjustments are made to new conditions and needs.

"The past is inspiring, the future is challenging, the present is our responsibility."

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Sister Madeleine of Jesus, R.N., M.S. in N.E.,
Director, Nursing Education,
University of Ottawa School of Nursing,
Ottawa, Ontario.



ALUMNAE
MEETING

The March meeting of the St. Michael's Nurses' Alumnae was held on Tuesday, March 8th.

Before the beginning of the formal meeting, the members gathered in the chapel of the nurses' residence to attend the installation ceremonies of the new Stations of the Cross by Bishop Allen. The hospital chaplain, Father Brennan, assisted the Bishop. The Stations were donated to the chapel by the Alumnae. The music was sung by the student nurses' choir.

At 9 the meeting was called to order, Miss P. O'Connor presiding.

Minutes of the last meeting were read and adopted; seconded by Mrs. Daly.

The treasurer's report was read and adopted; seconded by Miss Huck.

Correspondence was read by Miss Williams. There were several thank you letters from the sick members who had been visited by the visiting committee.

Miss Murphy gave the nursing education report. There are 312 students at the present time.

Miss Devlin gave the report of the last R.N.A.O. meeting. Mr. Thor Hansen was the guest speaker. The R.N.A.O. convention will be held April 28, 29, 30, at the Royal York.

Miss Egan gave the report from registry. Their tea will be May 11.

The social events of the past year were reviewed by Mrs. McAlpine.

Miss Ray gave the report of visits made by the visiting committee.

New Business

A beautiful painting was donated by Mrs. Atkinson. The incoming social committee is to decide how it can best be used.

Sister de Sales gave a report of the proposed new curriculum for nurses.

Miss Murphy gave the campaign news as she knew it at the present time.

The president gave a report of her two years in office.

TRY

Borden's Milk

WA. 4-5211

The meeting was then turned over to Miss Ger-
vais for the election of new officers.

The following slate was approved for 1955-56:

Hon. President—Sister Superior.

Hon. Vice-President—Sister M. Kathleen.

President—Miss Shirley Williams.

Vice-Presidents—Miss Mary Watson, Miss Louise
Richardson, Miss Alice McNamara.

Secretary—Recording, Miss G. Egan; Corres-
ponding, Miss Rita Bellisle.

Treasurer—Miss Theresa Hurley.

Standing Committees:

Nursing Education—Miss Grace Murphy.

Membership—Active, Miss Lenore Kennedy;
Associate, Mrs. Audrey Daly.

Press Publicity—Miss Mary Lou MacRae.

Editor of The News—Miss Laura McGurk.

Social—Miss Dolores Oliver.

Representatives:

R.N.A.O.—Miss Nora Devlin.

Registry—Mrs. M. Baker, Miss Agnes O'Toole,
Miss Katherine Davidson.

Councillors—Miss Pat O'Connor, Miss Lois
Huck, Mrs. Bonnie McAlpine.

Local Council of Women—Miss Maureen Fitz-
gibbons.

The meeting was then taken over by the new
president, Miss Williams. A vote of thanks was
given by Miss Murphy to the outgoing committee. As
there was no further business the meeting was ad-
journed.

—Thelma Hornberger.

News

Notes



Margaret Dagleish '39, is attending Seton Hall
University.

Margaret Godin '54, has enlisted in the Reserve
Navy and is stationed at Ottawa.

Lorraine Finlayson Trainor '50, is on the staff of
the McLean Hospital in Waverly, Mass.

Mrs. C. (Miller) Hoyt is now living at 21 Sussex
Ave., and would be glad to hear from friends.

Congratulations to Helen Hyland on her new ap-
pointment.

Sister Melanie is now stationed at St.-Joseph's-on-
the-Lake, Scarboro Bluffs.

Helen (Kavanagh) Newton '32, is now living in
Ottawa.

Albani Beaudoin Coliton enjoyed a holiday in
Florida.

Lil Moore and Kay Sheedy visited relatives in
Pembroke.

Mrs. Teresa Rolston enjoyed visiting her son in
Cleveland, Ohio.

Margaret Manley Hayes enjoyed the Sunshine
State of Florida for a month this winter.

Helen O'Sullivan and Elma Purtle spent a few
days with friends in Kitchener.

Mary (O'Mara) Finnamore '41, writes from 4737
E. Georgia, Vancouver, B.C.: "Rose Stanfield Larken
'44, lives in New Westminster, B.C., not very far
from me. I also met Rose O'Reilly '43, while I was
a patient in Hospital here—in fact, she started a
blood transfusion on me and it was a pleasant sur-
prise to see a St. Michael's cap, even under those
circumstances."

Judith Mosteller '52, has just returned from a
month's vacation in Florida.

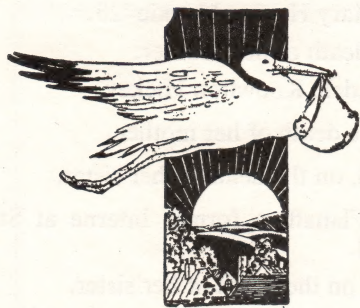
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IN MEMORIAM

SISTER M. MERCEDES

A life of self sacrifice in the service of the sick was
closed by the death of Sister Mercedes on Wednes-
day, January 19, 1955. Of her 56 years as a Sister
of St. Joseph, 49 were spent in the active services of
her profession. After some years as a directress of
the nurses' training school at St. Michael's Hospital,
Sister was given charge of St. Joseph's Hospital, Win-
nipeg, and from there was sent to British Columbia
as superintendent of St. Joseph's Hospital in Comox,
Vancouver Island. On her return to Toronto she was
assigned to St. Joseph's Hospital as a consultor.

Two sisters survive: Mrs. M. Long of Willowdale,
Ont., and Mrs. Brouillard, Sault Ste. Marie. Solemn
Requiem Mass was celebrated by Rev. E. F. Cross-
land of St. Augustine's Seminary, assisted by Rev.
G. McGuinness, C.S.S.R., as Deacon, and Rev. E.
Malley, C.S.B., as Subdeacon. Besides many friends
of the nursing profession who assisted at the Mass,
there were present in the Sanctuary Rev. E. J. Mc-
Corkell, C.S.B., and Rev. W. Roach, C.S.B. Inter-
ment took place in Mount Hope Cemetery, where
Rev. G. Doyle, C.S.S.R., officiated at the grave. R.I.P.



JUNIOR ALUMNAE

Mr. and Mrs. D. Ballyk (Lillian Wohler '50), Flint Mich., a daughter, Catherine Mary.

Mr. and Mrs. N. J. McPhee (Leona Daemar '40), Sydney, N.S., January 31, a daughter.

Mr. and Mrs. O. N. Neil (Valerie Scharback '41), St. Michael's Hospital, January 17, a son.

Mr. and Mrs. T. A. McCullough (Ruth Barlow '46), St. Michael's Hospital, March 1, a son.

Mr. and Mrs. J. P. McInerney (Mary Joan Laviolette '48), St. Michael's Hospital, February 9, a son.

Mr. and Mrs. W. E. Purvis (Barbara Evans '51), Sudbury General Hospital, November 19, a son.

Mr. and Mrs. D. Burgess (Dorothy Dawson '49), St. Martha's Hospital, Antigonish, January 17, a son, David Anthony.

Mr. and Mrs. J. Robey (Jean O'Neill '48), St. Michael's Hospital, March 15, a son.

Mr. and Mrs. A. L. LeFeuvre (Audrey Hillis '46), St. Michael's Hospital, March 13, a son.

Dr. and Mrs. T. Montemura (Josephine Herrerger '43), Port Arthur, March 9, a son.

Mr. and Mrs. L. J. Hadden (Anne O'Neill '52), St. Michael's Hospital, March 3, a son.

Mr. and Mrs. P. Hopperton (Frances O'Connor '49), St. Michael's Hospital, February 14, a daughter.

Mr. and Mrs. P. G. Clancy (Kathleen McNamara '43), St. Michael's Hospital, March 12, a son, Gregory.

Mr. and Mrs. C. M. Dandy (Yvonne Miron '47), St. Michael's Hospital, March 4, a boy.

Mr. and Mrs. W. McFadden (Dorothy Wornke '50), St. Michael's Hospital, October 5, a daughter.

Mr. and Mrs. P. H. McKeown (Anne Marie Elliott '42), Ottawa, February 15, a son.

Mr. and Mrs. John F. Bennett (Norah McHenry), Port Colborne, John and Ruth Ellen.

Mr. and Mrs. Robert Watt (Catherine Firth '43), Mineral Springs Hospital, Banff, Alberta, January 20, a daughter, Beverley Ann.



W E D D I N G S

BREMNER-SAUVE — Margaret Sauve '51, to John Bremner, Copper Cliff, November 15. Living in Elmvale, Ontario.

BRUNER-RUGGIERO — Ann Ruggiero '52, to Robert Kenneth Bruner, St. Teresa's, Port Colborne, October 16.

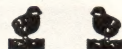
GOBOTT-GOODROW — Stella Goodrow '47, to Philip Anthony Gobott, Our Lady of Lourdes, January 29.

TRYHORN-CARRIE — Ethel Carrie '52, to Edgar Ralph Tryhorn, St. Joan Arc, April 11.

BYRNE-COULAS — Patricia Coulas '53, to Robert Byrne, St. Michael's Cathedral, November 8.

MARTS-NASSELQUIST — Margaret Nasselquist '53, to William Joseph Marts, St. Anne's, Flin Flon, Manitoba.

SHARPE-SCHULER — Marie Schuler '50, to Joseph Sharpe, Immaculate Conception Church, Vancouver, B.C., January 4.



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OUR SYMPATHY TO:

Lucy Irwin Kennedy '24, on the death of her brother.

Sister Melanie, on the death of her sister.

Sister Albertine, on the death of her brother.

Rita Eagan O'Farrell '26, on the death of her husband.

Marie Clancy Artkin '13, on the death of her son.

Cecilia Hynes '19, on the death of her mother.

Helen Truaisch McCarney '35, on the death of her mother.

Tillie Schuett Longenhagan '32, on the death of her husband.

Rosemary Bell Mulligan '47, on the death of her child.

The family of Mrs. Mary Hanley Mackie '23.

Beryl Hayes, on the death of her brother.

The family of Mrs. Adele Knowlton Hickey.

Irene Corrigan, on the death of her mother.

Marcella MacDonald, on the death of her sister.

The family of Dr. Flahaff, a former interne at St. Michael's Hospital.

Helen McGrath, '20, on the death of her sister.

Mrs. Irene (Gaudet) Fletcher, on the death of her brother.

Eileen O'Connor Enright, on the death of her brother.

Connie McCarthy, on the death of her brother.

Mary Brown, on the death of her brother.

The family of Kathleen Haffey, who was on the Out-patients' Department staff for some years before her illness.

Sister Mary Antonia Lo Presti, '47, on the death of her father.

Sister Callista, on the death of her mother.

Ethel Gantner, '54, on the death of her father.

EATON'S

"CLINIC" SHOES FOR WOMEN IN WHITE

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**NEXT
ALUMNAE MEETING**

on

Tuesday, June 14th

in the

Nurses' Residence

at

8:00 p.m.